

HAWAII'S HIV INFECTION REPORTING

Questions and Answers for Health Care Providers

Beginning on August 27, 2001, HIV infection (HIV positive) will be reportable by Unnamed Test Code (UTC) in Hawai'i to the HIV/AIDS Surveillance Program, 3627 Kilauea Avenue, Suite 306, Honolulu, HI 96816. The report is highly confidential and no names will be attached to these reports. HIV reporting utilizes the Hawai'i State Department of Health HIV Report Form, which is separate from the current AIDS report form. AIDS reporting by name continues with the use of CDC's HIV/AIDS Report Form.

This document provides the answers to "Frequently Asked Questions" about this new reporting system. Any additional information is available from the Hawai'i HIV/AIDS Surveillance Program at (808) 733-9010.

Why is HIV reporting needed?

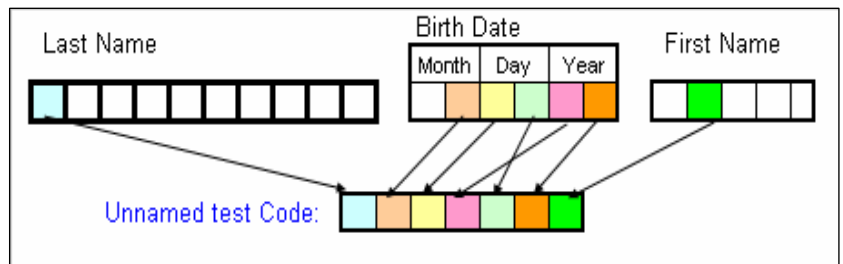
Having HIV infection reported in Hawai'i will improve the ability to understand the epidemic, to provide the data needed to design targeted prevention-intervention programs and to fund appropriate services for those living with the disease. AIDS has been reportable in Hawai'i since 1983. With improved medical therapies, many people living with HIV need and use services but are not progressing to AIDS, so are not being counted by the current AIDS surveillance system.

How will the HIV cases be reported?

The HIV patient's name does not appear on the HIV report. Instead, a UTC with gender, race/ethnicity, nationality, risk will be counted for epidemiological purposes.

What is UTC?

UTC (Unnamed Test Code) is a combination of seven characters comprised of both letters and numbers. It contains the first letter of the last name, second letter of the first name, and a portion of the date of birth information. For example, Heidi Abaido whose date of birth is 12/16/56 will make UTC A21566E (see HIV Report Form).



What information should be covered on the report form?

The report includes:

1. UTC (Unnamed Test Code)
2. sex
3. race or ethnicity
4. patient nationality
5. residence of first HIV positive test (city, county, state, and zipcode)
6. mode of transmission (risk)
7. name and date of HIV positive test
8. if female, whether pregnant
9. name of laboratory
10. name and address of physician
11. date of report

Who should report HIV cases?

1. Any physician or other health care provider that requested HIV testing must report positive HIV cases.
2. Laboratories must report positive test results indicative of HIV infection using the patient's UTC. In particular, the in-state laboratory that performs the HIV testing will be responsible for reporting all positive HIV results indicative of HIV infection. Laboratories that outsource HIV tests to out-of-state testing sites will be responsible for reporting positive HIV results to the HIV/AIDS Surveillance Program.

Which positive test results need to be reported?

A positive result from any of the following HIV detection tests:

1. A confirmatory HIV Western blot result or HIV-IFA.
2. Detectable viral load that indicates HIV+ (NASBA, RT-PCR, bDNA, others)
3. Positive HIV detection test (HIV+ culture, antigen, PCR, DNA or RNA probe)
4. Other test(s) indicative of HIV as defined by the Centers for Disease Control and Prevention (CDC).

Is AIDS still reportable? Will you still keep track of AIDS?

Yes, AIDS is still reportable by name. To maintain consistency in our data and to continue looking at trends

in the state, the HIV/AIDS surveillance staff will continue to collect and present AIDS data. Maintaining the current process of AIDS data collection will allow us to monitor access to care among persons with HIV infection and to continue to monitor the full spectrum of HIV disease. As HIV data become more complete, they will be analyzed and made available to the medical community. Providers should continue to update us on the clinical status of HIV/AIDS patients, including AIDS defining conditions, deaths, and relocation out of state.

Where should we report to?

Department of Health
Surveillance Program
3627 Kilauea Avenue, Suite 306
Honolulu, Hawai'i 96816

Report shall be in a confidential envelope for security and confidentiality purposes.

Reporting by telephone Yes Tel No.: (808) 733-9010.

Reporting by fax: No

How do I know if a transferred patient has been previously reported or needs to be reported again?

The New Administrative Rules for HIV reporting requires physicians to report all HIV+ (including those diagnosed in other states) to the Department of Health. Duplicate reports will be eliminated by surveillance staff at the time of report. Therefore, yes each HIV positive case needs to be reported.

How will the security and confidentiality of reported HIV/AIDS be assured?

The HIV/AIDS Surveillance program maintains absolute confidentiality of current AIDS case information at all times. The HIV case reports will be maintained under the same security and confidentiality status.

Confidentiality guidelines recommended by CDC are followed. Only surveillance staff, bound by confidentiality, have access to the data. High-level security measures protect the office, room and computer system where the database is kept. Only statistical data is released with no information that could identify individuals. Information reported to The Hawai'i AIDS Surveillance Program, established in 1983, is fully secure and confidential.

Does date of HIV diagnosis affect need to report?

All HIV positive cases need to be reported regardless of when they were diagnosed, either before or after August 27, 2001. Both incident and prevalent HIV cases are to be reported. Cases that have already been reported as AIDS cases do NOT have to be reported for HIV.

Reporting prevalent cases may create a significant paperwork burden for me. Is there any way to get assistance with completing the HIV report forms?

The Hawai'i HIV/AIDS Surveillance Program will work with individual providers and health care facilities that request assistance, particularly with reporting prevalent cases. To arrange for assistance, please call the HIV/AIDS Surveillance Program at (808) 733-9010.

Will there be reminders to report newly diagnosed or prevalent HIV cases?

Reporting is the responsibility of the health care provider upon HIV diagnosis. Surveillance staff will follow-up all cases reported by laboratories but unreported by physicians. Within two weeks follow up of unreported cases will be conducted by telephone, mail or by visit to the physician.

What records do providers need to maintain?

Under the new Administrative Rules all Provider HIV Report Forms submitted to the Department of Health and all laboratory test reports ordered or received by the provider indicating HIV infection need to be maintained.